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CONFIRMATION NO. 3848

<b>SERIAL NUMBER</b> 10/777,041	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2609	<b>ATTORNEY DOCKET NO.</b> 248939US20
<b>APPLICANTS</b> Maryellen L. Giger, Elmhurst, IL; Hui Li, Chicago, IL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/447,295 02/14/2003 <i>YES, A.W.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE, A.W.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>A.W.</i>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 30
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 22850				
<b>TITLE</b> Method and system for fractal-based analysis of medical image texture				
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	